

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008241

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 8 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

5086 Enright

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Charles

Addie

4. DATE
OF
DEATH

Month

Day

Year

3

2

63

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-6-1916

9. AGE (last birthday)

46

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Spot Welder

10b. KIND OF BUSINESS OR INDUSTRY

C. Nelson Mfg Co

11. BIRTHPLACE (City and state or country)

Beligee, Ala.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Fannie Addie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

YES U.S. ARMY

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Fannie Addie

Address

5086 Enright

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetic Acidosis with Coma

INTERVAL BETWEEN
ONSET AND DEATH
Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Diabetes Mellitus

DUE TO (c)

260x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-27-63

to 3-2-63

and last saw him alive on 3-2-63

Death occurred at

7:05

P.

m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

3-4-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3/8/63

23c. NAME OF CEMETERY OR CREMATORY

National Cem

23d. LOCATION (City, town, or county)

Jefferson Brks. Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.W. Roberts Und. Co 1416 N. Jay Dr

25. DATE RECD. BY LOCAL REG.

MAR 4 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	
1		
2	21	
3	2	
4	2	
5	1	
6		
7	1	
8	2	
9		
10		
11		
12	77-0	
13		
77		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor Ave

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.